

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 163

AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-36-1-16 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 16. (a) The state department shall study the costs and benefits of the implementation of a data base for maintaining health care consents made under this chapter.**

(b) The study must include the following:

(1) The costs of establishing and maintaining a data base to store the health care consents.

(2) The persons that should have access to the data base and the type of security necessary to protect the data stored in the data base.

(3) The process for individuals to use to file a health care consent on a voluntary basis.

(c) Before October 1, 2016, the state department shall report the state department's findings in the study under this section in writing to the legislative council in an electronic format under IC 5-14-6.

(d) This section expires December 31, 2017.

SECTION 2. IC 16-38-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 1. (a) The state department shall establish a cancer registry for the purpose of:**

(1) recording:

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(A) all cases of malignant disease; and
 (B) other tumors and precancerous diseases required to be reported by:

- (i) federal law or federal regulation; or
- (ii) the National Program of Cancer Registries;

that are diagnosed or treated in Indiana; and

- (2) compiling necessary and appropriate information concerning those cases, as determined by the state department;

in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures.

(b) The state department may use any information from the cancer registry to conduct an investigation into the incidence of cancer diagnosis within a certain geographical region.

~~(b)~~ (c) The department may contract for the collection and analysis of, and the research related to, the epidemiologic data compiled under this chapter.

SECTION 3. IC 16-38-2-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 7. The state department may release confidential information concerning individual cancer patients to the following:

- (1) The cancer registry of another state if the following conditions are met:

(A) The other state has entered into a reciprocal agreement with the state department.

(B) The agreement provides that information that identifies a patient will not be released to any other person without the written consent of the patient.

- (2) Physicians and local health officers for diagnostic and treatment purposes if the following conditions are met:

(A) The patient's attending physician gives oral or written consent to the release of the information.

(B) The patient gives written consent by completing a release of confidential medical information form.

- (3) A local health department if the following conditions are met:

(A) The information is needed to assist the state department in conducting an investigation into the incidence of cancer diagnosis within the local health department's jurisdiction.

(B) The information released is directly connected to the investigation.

(C) The information is not used by the local health



department for any other purpose.

(D) The patient gives written consent by completing a release of confidential medical information form.

SECTION 4. IC 16-41-42.2-5, AS AMENDED BY P.L.200-2015, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 5. (a) The spinal cord and brain injury research board is established for the purpose of administering the fund. The board is composed of eleven (11) members.

(b) The following six (6) members of the board shall be appointed by the governor:

(1) One (1) member who has a spinal cord or head injury or who has a family member with a spinal cord or head injury.

(2) One (1) member who is a physician licensed under IC 25-22.5 who has specialty training in neuroscience and surgery.

(3) One (1) member who is a physiatrist holding a board certification from the American Board of Physical Medicine and Rehabilitation.

(4) One (1) member representing the technical life sciences industry.

(5) One (1) member who is a physical therapist licensed under IC 25-27 who treats individuals with traumatic spinal cord injuries or brain injuries.

(6) One (1) member who owns or operates a facility that provides long term activity based therapy services at affordable rates to individuals with traumatic spinal cord injuries or brain injuries.

(c) Five (5) members of the board shall be appointed as follows:

(1) One (1) member representing Indiana University to be appointed by Indiana University.

(2) One (1) member representing Purdue University to be appointed by Purdue University.

(3) One (1) member representing the National Spinal Cord Injury Association to be appointed by the National Spinal Cord Injury Association.

(4) One (1) member representing the largest freestanding rehabilitation hospital for brain and spinal cord injuries in Indiana to be appointed by the Rehabilitation Hospital of Indiana located in Indianapolis.

(5) One (1) member representing the ~~American~~ Brain Injury Association **of America** to be appointed by the Brain Injury Association of Indiana.

(d) The term of a member is four (4) years. A member serves until a successor is appointed and qualified. If a vacancy occurs on the board



before the end of a member's term, the appointing authority appointing the vacating member shall appoint an individual to serve the remainder of the vacating member's term.

(e) A majority of the members appointed to the board constitutes a quorum. The affirmative votes of a majority of the members are required for the board to take action on any measure.

(f) Each member of the board is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) The board shall annually elect a chairperson who shall be the presiding officer of the board. The board may establish other officers and procedures as the board determines necessary.

(h) The board shall meet at least two (2) times each year. The chairperson may call additional meetings.

(i) The state department shall provide staff for the board. The state department shall maintain a registry of the members of the board. An appointing authority shall provide written confirmation of an appointment to the board to the state department in the form and manner specified by the state department.

(j) The board shall do the following:

(1) Consider policy matters relating to spinal cord and brain injury research projects and programs under this chapter.

(2) Consider research applications and make grants for approved research projects under this chapter.

(3) Consider applications and make grants to health care clinics that:

(A) are exempt from federal income taxation under Section 501 of the Internal Revenue Code;

(B) employ physical therapists licensed under IC 25-27; and

(C) provide in Indiana long term activity based therapy services at affordable rates to individuals with spinal cord injuries or brain injuries that require extended post acute care.

(4) Consider the application's efficacy in providing significant and sustained improvement to individuals with spinal cord injuries or brain injuries.

(5) Formulate policies and procedures concerning the operation of the board.

(6) Review and authorize spinal cord and brain injury research



projects and programs to be financed under this chapter. For purposes of this subdivision, the board may establish an independent scientific advisory panel composed of scientists and clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.

(7) Review and approve progress and final research reports on projects authorized under this chapter, including any other information the board has required to be submitted as a condition of receiving a grant.

(8) Review and make recommendations concerning the expenditure of money from the fund.

(9) Take other action necessary for the purpose stated in subsection (a).

(10) Provide to the governor, the general assembly, and the legislative council an annual report not later than January 30 of each year showing the status of funds appropriated under this chapter. The report to the general assembly and the legislative council must be in an electronic format under IC 5-14-6.

(k) A member of the board is exempt from civil liability arising or thought to arise from an action taken in good faith as a member of the board.

(l) The department shall annually present to the board a financial statement that includes the following information for the current and previous fiscal year:

(1) The amount of money deposited into the fund.

(2) The amount of money expended from the fund.

(3) The amount of money, including any reserves, available for grants from the fund.

SECTION 5. IC 16-49-3-3, AS AMENDED BY P.L.208-2015, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 3. (a) A local child fatality review team:

(1) shall review the death of a child whose death incident occurred in the area served by the local child fatality review team **and may review the death of a child whose death occurred in the area served by the local child fatality review team if:**

(A) the death of the child is:

(i) sudden;

(ii) unexpected;

(iii) unexplained; or



(iv) assessed by the department of child services for alleged abuse or neglect that resulted in the death of the child; or
 (B) the coroner in the area where the death occurred determines that the cause of the death of the child is:

(i) undetermined; or

(ii) the result of a homicide, suicide, or accident; and

(2) may, at its discretion, review the near fatality of a child whose incident or injury occurred in the area served by the local child fatality review team.

(b) In conducting a child fatality review under subsection (a), the local child fatality review team may review all applicable records and information related to the death or near fatality of the child, including the following:

(1) Records held by the:

(A) local or state health department; and

(B) department of child services.

(2) Medical records.

(3) Law enforcement records.

(4) Autopsy reports.

(5) Records of the coroner.

(6) Mental health reports.

(c) Except as otherwise provided under this article, information and records acquired by the local child fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(d) Records, information, documents, and reports acquired or produced by a local child fatality review team are not:

(1) subject to subpoena or discovery; or

(2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before a local child fatality review team.

SECTION 6. IC 16-49-3-7, AS AMENDED BY P.L.2-2014, SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 7. (a) **Before July 1 each year**, a local child fatality review team shall prepare and ~~release a report that may submit to the state child fatality review coordinator a report that must~~ include the following information:

(1) A summary of the data collected regarding the reviews conducted by the local child fatality review team **in the previous**



calendar year.

(2) Actions recommended by the local child fatality review team to prevent injuries to children and child deaths in the area served by the local child fatality review team.

(3) Solutions proposed for system inadequacies.

(b) A report released under this section may not contain identifying information relating to the fatalities reviewed by the local child fatality review team.

(c) Except as otherwise provided in this article, review data concerning a child fatality is confidential and may not be released.

(d) A local child fatality review team may prepare and release a joint report for the report required by subsection (a) with another child fatality review team if the local child fatality review team reviewed fewer than two (2) child fatalities in the previous calendar year.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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